

FILED AUG 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22710

State File No.

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>24 Hrs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Community Hosp</u>		c. CITY (If outside corporate limits write RURAL and give township) OR TOWN <u>Appleton City 0930</u>	
		d. STREET ADDRESS (If rural, give location) _____	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Christopher</u>	b. (Middle) <u>Cornelius</u>	c. (Last) <u>CATO</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>Black</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>aug 26 1875</u>	9. AGE (In years last birthday) <u>74</u>	10. UNDER 1 YEAR Months <u>10</u> Days <u>29</u>	11. IF UNDER 1 MRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>Preacher</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Troy Mo 0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Isaac Cato</u>	13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	14. NAME OF HUSBAND OR WIFE <u>Laurinda Ray</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Laurinda Cato</u> ADDRESS <u>Appleton City Mo</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumothorax dex lung - pulmonary edema</u>		<u>24 hours</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>multiple rib fractures following trauma due to</u> DUE TO (c) <u>auto accident - perforation lung.</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? <u>NO</u>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u> Hwy 432 East</u>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u> Mt. Pleasant Bates Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>7-23-1950 3P</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Auto accident</u>
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22. I hereby certify that I attended the deceased from 7-23, 1950 to 7-24, 1950, that I last saw the deceased alive on 7-24, 1950 and that death occurred at 2:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Frank M. Sipes M.D.</u>	23b. ADDRESS <u>Professional Bldg, Butler, Mo</u>	23c. DATE SIGNED <u>7-27-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 26</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Taves Chapple</u>	24d. LOCATION (City, town, or county) (State) <u>Henry Co Mo</u>
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DATE REC'D BY LOCAL REG. <u>July 27-50</u>	REGISTRAR'S SIGNATURE <u>Renold N. Kerumo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Frank Lee</u> ADDRESS <u>Appleton City Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Signo.

AUG 23 1950

RECEIVED 7-31-
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-31-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

me on the 24th day of July 1950

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Frank Lee*

Licensed Embalmer No. 1099

P. O. Address Appleton City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.